

Collection Point:	Entry
Projects/grants:	SSVF
Clients who are:	Children (Under 18)

"*" Required Fields		1 Client Demographics	
First Name:*	Last Name:*		
Middle Name:	Suffix: Hol	H: *	
Name Data Quality:* Full Name Reported Partial, or Street Name Client Doesn't Know Client Refused Data Not Collected	Social Security Number:* Full SSN Reported Approximate or Partial SSN Client Doesn't Know Client Refused Data Not Collected Race:* (Select all that apply)	Birthdate: * Reported Approximate or Partial DOB Client Doesn't Know Client Refused Data Not Collected Ethnicity:*	
Gender:* Male Female Transgender Female to Male Transgender Male to Female Gender Non-Conforming (i.e. not exclusively male or female) Client Doesn't Know Client Refused Data Not Collected	American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Client Doesn't Know Client Refused Data Not Collected	Hispanic/Latino Non-Hispanic/Latino Client Doesn't Know Client Refused Data Not Collected Relationship to Head of Household:*	
If Female, Pregnancy Status:* ☐ Yes Due Date: ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data Not Collected	2 Project Enrollment	Spouse Daughter Son Dependent Child Other Family Member Other Non-Family Member	
Project Start Date:* Case Manager:			
Disabling Condition:*	Covered by Health Insurance: *	4 Health Insurance:* ☐ Yes ☐ No	
│	☐ Client Doesn't Know	☐ Client Refused ☐ Data Not Collected	
☐ Client Refused ☐ Data Not Collected	☐ Private - Employer ☐ Military ☐ Private - Individual ☐ State Fu ☐ Medicare ☐ Combin ☐ Progran	nildren's Health Insurance Program S-CHIP Insurance unded ed Children's Health Insurance/Medicaid Health Service (IHS)	
	through COBRA	ublic	